

Commonwealth of Massachusetts
BEFORE THE BOARD OF CONCILIATION AND ARBITRATION
PETITION TO INITIATE GRIEVANCE ARBITRATION

PLEASE TYPE OR PRINT

1. Labor Organization _____ **FEIN Number** _____
Address _____ Phone _____

_____ Zip Code _____
Labor Relations Representative _____ Title _____

Address _____ Phone _____
_____ Zip Code _____

2. Employer _____ **FEIN Number** _____
Address _____ Phone _____

_____ Zip Code _____
Labor Relations Representative _____ Title _____

Address _____ Phone _____
_____ Zip Code _____

NATURE OF EMPLOYER'S BUSINESS _____

NAME OF GRIEVANT _____

3. A.) Brief statement of the nature of this dispute:

B.) Statement of the remedy sought:

If Joint Petition:

Signature & Title of Labor Organization's
Representative

Signature & Title of Employer's
Representative

If Petition Brought by **One Party**:

**I hereby certify that I have caused a
copy of this petition to be served on the
Representative of the other party.**

Signature & Title of Petitioning Party's
Representative

Date Signed

Instructions:

- (1) **Submit the original and one copy of
this petition and a copy of the
Collective Bargaining Agreement to:**

**Board of Conciliation & Arbitration
399 Washington Street, Fifth Floor
Boston, MA 02108
Telephone: (617) 727-3466
Fax Number: (617) 727-4961**

Effective 8/1/02

- (2) Include fee of \$1,200.00 for private
sector and \$600.00 for public sector.
Fee shall be paid in equal shares by
the parties --M.G.L. Ch 150, Sec. 6.
- (3) Indicate whether this grievance has
ever been mediated by the Board
prior to the filing of this petition:
Yes _____ No _____

DO NOT WRITE IN THIS SPACE

Case No. _____

Date Filed _____